

DESIGN DRAFT



# Tobacco Cessation Receives a Modern Makeover:

How Technology is Revolutionizing Tobacco Programs

PIVOT<sup>®</sup>



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**The Center for Disease Control (CDC) estimates that 34 million American adults still smoke cigarettes, most of them daily.<sup>1</sup>**

And we can add to those estimates the number of working-aged individuals who use other tobacco products such as chewing tobacco and vaping. All told, about 19.3% of the U.S. population — and therefore 19.3% of American workers — uses tobacco products.<sup>2</sup>

Unfortunately, these facts haven't yet inspired urgency among human resources professionals. Most executives assume the problem is being addressed. According to the National Business Group on Health, 85% of large organizations have a smoking-cessation program,<sup>3</sup> but these programs don't seem to be very effective in helping people quit. And they're usually exclusively focused on smoking, not including other forms of tobacco use. Which means that the more than \$170 billion in healthcare spending that the CDC attributes to tobacco use, much of which is paid for by employer sponsors of healthcare, remains a very relevant opportunity for employers today.<sup>1</sup> Beyond health care costs, smoking hurts productivity and has a high human cost – killing an average of 480,000 people in the United States every year.<sup>5</sup>

*“Many employers have a traditional smoking-cessation program in place and assume it's taking care of the problem of employee tobacco use,” said Debi Heck, SVP of Client Success at Carrot, Inc. “But what they're not seeing is that the cost of tobacco use in lost productivity and healthcare expenses, like respiratory problems and cancer, is bigger and more expensive than they estimate — and easier to address than they think.”*



“Most smoking-cessation programs are old school, consisting of phone calls, which don't appeal to many employees looking for more modern solutions that fit into their busy lives. Employers that take advantage of accessible, digital technology brighten up the options they put out in the workplace and help employees feel like they can finally help themselves.”

**Rachel Croft**

SVP, CORPORATE DEVELOPMENT AT CARROT, INC.

**As it turns out, there are three science-backed reasons why traditional tobacco cessation programs aren't working.**

Companies that select a program that covers all forms of tobacco use and incorporates the latest in behavioral science and technology can significantly increase the odds of helping employees minimize and eventually quit their tobacco use.

## FAILURE POINT #1

# Traditional programs limit employees' opportunities to engage

Traditional approaches to smoking cessation connect employees, usually via telephone, with trained smoking cessation therapists for a handful of counseling sessions. While this type of program historically attracts about 7% of the tobacco-using population,<sup>6</sup> it leaves the majority of employees without access to modern delivery models and opportunities they need to make progress on their journey to quit tobacco.

After all, the average tobacco user may need to attempt quitting several times before the change is permanent,<sup>7</sup> and may be at different stages of their journey at different times. It's critical that employers offer a variety of touch points and paths so an employee can experiment and increase their likelihood of success:



### Mobile app coaching

allows counseling to take place on the employee's terms and timeline



### Community support

enables employees to benefit from the camaraderie, support and shared experience of fellow program participants



### Nicotine replacement medications

delivered to an employee's home can help them navigate the physical withdrawal symptoms that can derail their efforts



### Progress-tracking technology,

like Pivot's Carbon Monoxide Breath Sensor, encourages employees as they see day-to-day improvements in real time



### Various formats of education,

such as self-paced instruction, journaling, or texting with trained counselors, provide employees with the ability to choose the format that works best for them

Any one of these methods may be the deciding factor in an employee's decision to fully participate in a program and achieve a successful quit journey — but an organization can't know which method will work for which employee in advance. **A more comprehensive approach makes room for all of them.**

"Digital health technology and employee expectations have changed," said Heck. "People want a program that's ready for them when they're ready, and one that's engaging and easy to use when that moment comes. Which is why the most effective smoking-cessation support provides a path for employees to walk on their own and in their own time."

"...The field of cessation has focused so much on developing interventions to improve smokers' odds of success when they attempt to quit that it has largely neglected to investigate how to get more smokers to try to quit, and to try more frequently."

**Shu-Hong Zhu**

ET AL. IN THE STUDY, "INTERVENTIONS TO INCREASE SMOKING CESSATION AT THE POPULATION LEVEL"<sup>9</sup>





## FAILURE POINT #2

# Traditional programs report on different kinds of data – or none at all

Calculating the return on investment of a tobacco-cessation program requires an organization to track data about how many employees participate in it and how many of them successfully quit. But in the world of cessation programs, success rates can be measured in several different ways, making it hard for companies to compare programs and understand how to evaluate their investment.

**“One of the greatest benefits of a digital cessation program is that you can see a lot more detail about the usage of your program than before,”** said Croft. “You can capture a much more complete picture of who the program is helping and what’s driving people to be more successful.”

Beware, however, as quit statistics can be deceptive. For example, if a tobacco-cessation program were to advertise a 50% quit rate, which is unusually high, organizations need to ask questions. It’s important to understand how the program calculates that number. It’s unlikely to mean that 50% of those enrolled successfully quit. Instead, that number may be based only on those who completed the program. Other programs may take a more rigorous approach and hold themselves to a higher standard with a quit rate based on everyone who enrolled in the program, regardless of whether they completed it. And, understand how a program defines “quit.” Self-reported quit data can be difficult to get, as only a portion of program participants actually respond to quit assessments.

The table below elaborates on several different ways to measure tobacco-cessation success rates. No one source of data is correct or incorrect, but understanding how a program measures success allows organizations to make more informed decisions.

## Common Tobacco-Cessation Metrics

### Responder Rate

This metric reports the success rate, typically 30 days of complete tobacco abstinence, as a **percent of participants who complete a quit survey**. Since people who were successful tend to be more responsive to quit questionnaires, this metric can be significantly inflated relative to other measures.

### Intent to Treat

This metric reports the success rate, typically 30 days of complete tobacco abstinence, as a **percent of all participants who entered the program**, even if they do not complete a quit survey. Reflective of the larger population of program users, Intent to Treat is the most conservative metric.

### Limiting Parameters

Sometimes cessation programs will self-identify limiting parameters to a data set, such as a quit rate that only takes into account individuals who completed specific steps or milestones.

This number often puts a cessation program in an overly positive light.

“When doctors monitor a patient’s diabetes, they universally monitor the A1C to see if a patient is getting better or worse. There’s no such metric in smoking cessation, so organizations need to evaluate marketing data and their results very carefully.”

**Debi Heck**  
SVP, CLIENT SUCCESS  
AT CARROT, INC.

## FAILURE POINT #3

# Traditional programs take a short-term view

Traditional smoking-cessation programs often come with pre-built timelines, such as an eight-week course or five one-hour sessions with a healthcare professional. And most require entrants to set a quit date within two weeks of entering. But these rigid timelines don't take into account that **individuals have different needs when it comes to beginning the cessation process, and they can drive away people who could otherwise be helped.**

In addition to not addressing variability of people's readiness to quit, short-term programs don't account for the fact that people often need to make multiple quit attempts.

Some programs are taking a different approach, enrolling people who are both ready and not ready to quit, and lengthening programs to account for the variability in readiness of participants and to allow for multiple attempts in one program period. Internal data from Pivot, which enrolls people ready and not yet ready, finds wide variability in time to quit, with the average time between 3.5-4 months.

Rather than embarking on an immediate quit journey, some employees may need to explore the content available to them and experiment with what motivates them over a period of time before they're ready to take formal steps toward quitting.

"Studies have shown that reducing the amount of tobacco is a predictor for success in quitting tobacco down the road," said Heck. "Showing employees they're making progress in small but significant milestones like delaying their first cigarette in the morning, or 'practice quits' of four, eight, or 24 hours can have a powerful long-term impact on the likelihood they will quit."



"Quitting is a journey, and the role of a tobacco-cessation program is to help people move toward it, achieve it, and maintain it. If a program feels high-pressure, employees will be hesitant to sign up. And if it makes participants feel like it's a pass-fail environment, it's setting them up to fail and they won't want to enter."

**Rachel Croft**

SVP, CORPORATE DEVELOPMENT AT CARROT, INC.

## Corporate America's Tobacco Problem by the Numbers

### Tobacco is still widely used among adults in the United States

**13.7%**

U.S. population  
smokes cigarettes<sup>5</sup>

**19.3%**

U.S. population uses  
tobacco products<sup>10</sup>

### It's expensive as a country and for individuals and employers

**\$170 billion**

Annual healthcare  
spending attributed  
to tobacco use<sup>1</sup>

**\$1.1 million**

Average cost of  
smoking over an  
individual's lifetime<sup>11</sup>

**\$278 billion**

Annual losses in U.S. businesses  
due to increased absenteeism  
and healthcare costs<sup>12</sup>

### It's also still the largest preventable cause of death in the United States\*

**480,000**

Preventable deaths  
occur each year in  
the U.S.

**80%**

Of all chronic  
obstructive pulmonary  
disease (COPD) deaths

**90%**

Of all lung cancer deaths

\* All statistics source of Center for Disease Control and Prevention<sup>13</sup>





# It's Time for Tobacco Cessation That Works

Most companies are just “checking the box” on tobacco-cessation benefits, assuming the same support format from the 20th century will work for 21st-century employees. But that’s simply not the case. Today’s tobacco users are wanting to quit — but they need modern tools and help from their employers to tackle this behavioral and physical condition in a way that works for them.

We have the evidence, the medical insight, and the technology to deliver programs that give employees their best chance to be successful in making a change. Companies can invest in the health of their employees today and realize health and productivity savings that will pay back year after year. Employees want to quit tobacco. The time is now to act to help them.

# Endnotes

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# PIVOT<sup>®</sup>

Pivot is a transformative digital health program designed to help people quit smoking on their terms. Through innovative technology, human-centered design, and behavioral science, Pivot turns practice into progress and quitting into an opportunity. Pivot is part of Carrot, a digital health company that uses technology to empower people to take control of their personal health.

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